State of Tennessee



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates

Together, all the way.°



Contents

- Local Plus Network
- Statewide Plan (OAP network)
- Cigna Value Added Tools & Programs
- Dental Cigna Dental Care (Pre-Paid Plan)
- Q&A





A health plan that gives you the right mix of health benefits – at the right price.



LocalPlus®

Flyer on table with more details

- You have a network* that is limited to doctors, specialists and hospitals in your local area who understand the needs of your community.
- You don't need a referral to see a specialist
- How you can save:
 - In your local area, or when in any LocalPlus Network area, you must receive care from a health care professional or facility in this network to receive innetwork coverage.
 - If you're away from home and need care, just look for a participating LocalPlus doctor in the area or if outside the LocalPlus service area, you can use doctors or hospitals in our Away From Home Care feature.
 - If you choose to go outside the LocalPlus Network when one is available (or outside the Away From Home Care feature when LocalPlus isn't available), you will receive out-of-network coverage.



A health plan that lets you choose which doctors to see and when



Open Access Plus (OAP)

New Statewide Option – Eff 01/01/2017

Flyer on table with more details

- Statewide Option OAP Network
- Larger Network than Local Plus
- You can see a specialist without a referral
- Using doctors and health care facilities in the Cigna network may keep your costs lower
- You can choose doctors or facilities not part of the Cigna network, but your costs may be higher





WE'RE HERE FOR YOU

Tools and resources



We're here 24/7/365













By phone - 1.800.997.1617

Call anytime day or night for live customer service

Cigna has set up a State of TN url.

Go to www.cigna.com/sites/stateoftn/

- Medical Plan information (LP & Statewide OAP)
- Dental Plan (Cigna Dental Care- Pre-Paid Plan)
- State of TN Directory PDF (2019 posted / 2020 coming soon)
- State of TN LP & OAP Searchable Directory Links

Download the myCigna Mobile App** for easy access on the go!

Once enrolled you can also visit myCigna – online or through the mobile app

- Directory of doctors, hospitals, facilities with cost and quality information
- Useful tools to help you:
 - Check your coverage and EOBs
 - Manage and track claims
 - Track account balances and deductibles, and sign-up for email notifications
 - Find quality of care information for common procedures and treatments
 - Get Claims and Balances statements on demand to view claim history and account transactions



^{*}Available for Cigna Choice Fund® Health Reimbursement Account (HRA) and Flexible Spending Account (FSA) plans only.

^{**}The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

myCigna.com

Click with a site that clicks with you!

- Choose your doctor and create a personalized list of nearby doctors, hospitals, treatment facilities and more.
- View the status of claims.
- Create a Personal Health Record
- Order a new ID card or print a temporary one.
- Learn about your plan's details.
- Find information on health conditions, first aid and much more
- Verify plan details such as coverage, copays and deductibles.





myCigna.com Mobile App

More and more people are falling into the world of "information on the go." They want fast & accurate information that helps simplify their busy lives.



- With the myCigna Mobile App, you can do almost anything on the go - from getting your medical ID cards, checking account balances, reviewing medical claims, locating doctors and hospitals, comparing prescription drug costs and more.
- The information is presented in real-time, offering the most accurate, up-to-date account information.



Pharmacy" refers to Tel-Drug, Inc. and Tel-Drug of Pennsylvania, L.L.C. 879561 04/15 © 2015 Cigna. Some content provided under license

24-Hour Health Information Line

- Access to experienced Registered Nurses 24/7, across all U.S. time zones.
- Available in English, Spanish and for the Hearing Impaired.
- Access to Podcasts and Audio Health Information Library for information on topics including aging, women's health, nutrition & surgery.



The health information line is here for you 24/7

It can be a fever in the middle of the night or a question about a popular medication. Whether you're looking for general information or have a specific health concern, the health information line is open 24 hours a day, seven days a week.

Dial 800.Cigna24 and you'll be connected with a nurse who is ready to help answer your health questions.

And there's more

You can also listen to hundreds of podcasts in English and Spanish on almost any health topic to be better informed about your health To listen:

- Select a topic and download podcasts to your mobile device* or listen via live-stream on your computer
- Call the health information line, follow the voice prompts, ente a code for the audio library and you'll be listening in seconds

*Standard mobile phone carrier and data usage charges apply



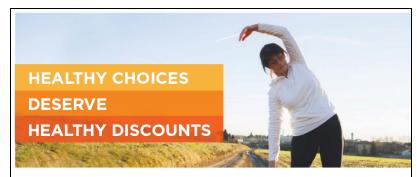
For more information, visit myCigna.com or call 800.Cigna24



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Healthy Rewards



Start saving today with Cigna Healthy Rewards®*

Just use your medical insurance ID card when you pay and let the savings begin.

Get discounts on the health products and programs you use every day for:

- > Weight management and nutrition
- > Fitness
- Mind/body
- Vision and hearing care
- > Alternative medicine
- > Healthy lifestyle

Real brands. Real discounts. Real awesomeness.

"Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your health plain includes cowerage for any of these services, this program is a distinct to, not instead of your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge. All goods, services and discounts offered though Healthy Rewards are provided by third parties who are soldy responsible for their products, services and discounts.



To start saving today, visit myCigna.com or call 800.870.3470.



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Provides discounts when you use Healthy Rewards providers

- Fitness
- Weight Management & Nutrition
- Tobacco Cessation
- Mind/Body
- Vision & Hearing
- Vitamins, Health & Wellness Products
- Alternative Medicine
- Dental
- Healthy Lifestyle



Healthy Babies

"Healthy Babies" is a collection of Cigna benefits and educational mailings available to members as part of their Cigna HealthCare medical benefit plan. The mailing includes a list of web resources, list of pregnancy related topics in the 24 HIL audio library, a magazine, and brochures from the March of Dimes.

The other Cigna benefits that are included as part of Healthy Babies program, are as follows:

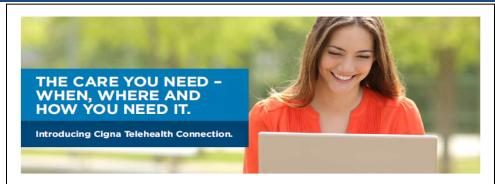
- 24 Health Information Line
- High-Risk Maternity Case Management
- Neonatal Intensive Care Unit (NICU) Case Management.
- Information about pregnancy on MyCigna.com





Cigna Telehealth Connection

- Cost efficiency comparable to an office visit
- Great access (24/7/365) to a doctor in an hour or less.
- Convenience no need to leave the house or work
- Reference and links from mycigna.com to American Well and MDLIVE Pre Custom IVR comment provides Toll-free # for vendor
- Cigna Call Center representatives trained on vendor capabilities and contact information.



Choice is good. More choice is even better.

Now Cigna provides access to **two** telehealth services as part of your medical plan - **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: AmWell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- sore throat
- fever
- rash

UTIs and more

- headachestomachache
- cold and fluallergies
- acne
- The cost savings are clear.

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.



AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the Cigna Behavioral Health network

- Go to Cignabehavioral.com to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

Together, all the way."



Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.



The Cigna Diabetes Prevention Program in collaboration with Omada

A digital behavior change solution that takes diabetes prevention to a new level



Digital
platform
expands
reach,
accessibility
and
measurabilit
y



Lifestyle and behavior change program for up to two years



Centers for Disease Control and Prevention fully recognized*



Advanced
analytics
identify
coverage- and
clinically
eligible, highopportunity
employees

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^{*}Adam Brickman, "Digital Therapeutics Pioneer Becomes Largest Diabetes Prevention Program Provider to Achieve Milestone", May 30, 2018. https://www.omadahealth.com/press/press-release-omada-health-achieves-full-cdc-approval--may
The Cigna Diabetes Prevention Program is offered through Omada Health, Inc., an independent company/entity.



Active&Fit. Gym Membership Program



Member Fee Options (Plus any applicable taxes)		
*Initial Enrollment Fee	Recurring Monthly Membership Fee	With \$4 Charitable Donation (Initial enrollment fee and recurring monthly membership fee)
\$25.00	\$25.00	\$29.00



^{* (}Applies to any new membership. New memberships also include members who previously participated, terminated their membership, and are now enrolling again.)



Broad National Fitness Club Network*

ASH National Fitness Network:

ASH offers a national network of over 8,500 fitness clubs







Member Enrollment:

Member chooses a fitness center that works best for them and signs a membership agreement with the fitness center.









^{*} The list of fitness chains above is an example of fitness centers that are included in our national fitness club and exercise center network. Not all fitness center locations may participate in designated network area locations by state or



Active&Fit Members Can Use Different Fitness Centers During the Same Month



Active&Fit provides members with access to **multiple fitness centers** as follows:

Fitness Center Chain Reciprocity:

65% of contracted fitness centers offer reciprocity within their own chain of fitness centers.

Multiple Fitness Center Access:

Members may register and use multiple fitness centers on an ongoing basis.



YOUR CIGNA DENTAL CARE - PREPAID OPTION



Plan year: 2020

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.



Maximum savings



Up to 75% savings off average area charges**

No deductibles

No annual dollar maximums

Predictable costs for dental treatment



^{*} There are no out-of-network benefits with a DHMO plan except in the case of emergencies. For residents of MN and OIK coverage is available out-of-network. See the last slide for details.

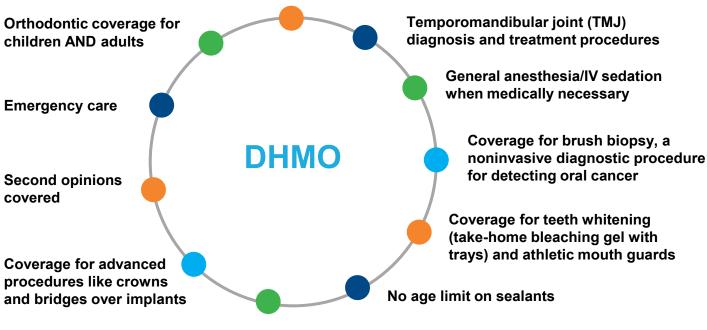


^{**} The national average charges used in the calculation are based on a combination of Cigna and FAIR Health claim data projected to 7/1/2015 using a 3% annual cost trend. Calculation assumes customer out-of-pocket savings with Cigna DHMO plan versus no dental insurance coverage.

Network only coverage*

Coverage with no deductibles or waiting periods**

Preventive care, such as cleanings and exams, at no added or low cost



Additional cleanings, flouride, and flouride varnish available at a reduced cost



^{*} There are no out-of-network benefits with a DHMO plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See the last slide for details.

^{**} Your plan may include a fixed copay or coinsurance for specialty care. **Plan exclusions and limitations apply. Please refer to Appendix A**for further information on exclusions and limitations. Please review your Patient Charge Schedule and Benefit Summary for details.

Find info online

After you enroll, register at myCigna.com

- Review your personal plan information
- Find network dentists
- Print temporary ID cards
- Download Cigna Dental Oral Health Integration Program® reimbursement forms
- View claim status
- View year-to-date dental costs
- Change your DHMO dental office*

- Estimate approximate costs prior to actual treatment, based on plan information and individual dentist's contracted fees
- Take oral health assessments that you can print and share with your dentist
- Read dental health articles and view videos from WebMD[®]
- Healthy Rewards[®]** discount information





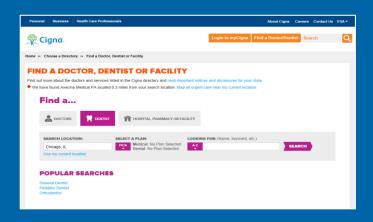
^{*} Changes made by the 15th day of the month are effective the first day of the following month.

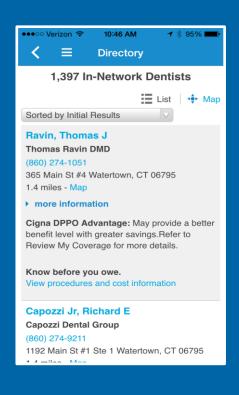
^{**} Healthy Rewards is a discount program and is separate from your dental benefits. If your plan includes coverage for any of the services offered through Healthy Rewards, this program is in addition to, not instead of, your plan benefits. Some Healthy Rewards programs are not available in all states and may be discontinued at any time. A discount program is NOT insurance, and you must pay the entire discounted charge.

So easy to use

Choose your network general dentist

- Not enrolled Go to www.Cigna.com/states/stateoftn - (or myCigna.com or the myCigna Mobile App once you've enrolled)
- Or call 1.800.997.1617 to speak with us.
 We're happy to help
- You can change your network dentist anytime on myCigna.com or by phone at 1.800.997.1617
- Out-of-network coverage is not available*







Contacts

Packets / Materials

Celeste Sims 615.595.3134 Celeste.Sims@Cigna.com

Enrollment Meetings / Benefit Fairs

Middle,TN

Cindy Sexton 615.595.3389 Cynthia.Sexton@Cigna.com

East, TN

Deb Williams 860.902.2815 Deborah.Williams@Cigna.com

West, TN

Sherita Anderson 901.748.4108 Sherita.Anderson@cigna.com





Q&A What you want to know



Rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket and lifetime maximums.

All health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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Appendix A

DHMO Exclusions and Limitations for 07, 08 and 09 series PCS. In most states, individuals must receive nonemergency services through their network general dentist for coverage to apply.* Prior authorization may be required for certain specialty care treatments. Only those procedures that are medically necessary and listed on the plan's Patient Charge Schedule (PCS) are covered. The frequency limitations of certain other covered services are set forth in the PCS. The following are excluded from coverage unless otherwise listed on the PCS or required by law: (a) experimental and cosmetic dentistry; (b) treatments or surgery if associated with a poor or hopeless diagnosis; (c) re-cementation of crowns, inlays and onlays, post and cores, and veneers within 180 days of initial placement; (d) crowns, bridges and implant supported prosthesis used solely for splinting; and (e) work already in progress for crowns, bridges, dentures, root canal treatment, or implant supported prosthesis when listed on the PCS. This is not an exhaustive list: a complete list of your plan's terms, including exclusions and limitations, is set forth in the applicable plan documents.

DPPO Benefit Exclusions (by way of example but not limited to):

- Services performed primarily for cosmetic reasons
- Replacement of a lost or stolen appliance
- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- · Surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- · Services and supplies received from a hospital
- Charges which the person is not legally required to pay
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances
- To the extent that payment is unlawful where the person resides when the expenses are incurred;
- Procedures performed by a Dentist who is a member of the covered person's family (covered person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents);
- For charges which would not have been made if the person had no insurance;
- For charges for unnecessary care, treatment or surgery;
- To the extent that you or any of your Dependents is in any way paid or entitled to payment for those expenses by or through a public program, other than Medicaid;
- To the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with a "no-fault" insurance law or an uninsured motorist insurance law. Connecticut General Life Insurance Company will take into account any adjustment option chosen under such part by you or any one of your Dependents.
- In addition, these benefits will be reduced so that the total payment will not be more than 100% of the charge made for the Dental Service if benefits are provided for that service under this plan and any medical expense plan or prepaid treatment program sponsored or made available by your Employer.

Cigna

^{*}There are no out-of-network benefits with a DHMO plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See the last slide for details.

Rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket and lifetime maximums.

All health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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